

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/913736

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2			1			
3				1		
4				1		
5				1		
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TOTAL IND.			3			
TOTAL DEP.			9			
TOTAL CLAIMS			2			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			3			
TOTAL DEP.			9			
TOTAL CLAIMS			2			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS